

Sample Needs Survey Administered to People who are Homeless

(From the Alameda County-Wide Homeless Continuum of Care Plan)

To try and serve you better, _____ and its service providers want to ask you some questions about your situation. Please do not provide your name or anything that identifies who you are.

Have you filled out this survey before? ☐ No ☐ Yes (If Yes, please do not fill out again.)

Are you: ☐ Female ☐ Male

Are you a Veteran? ☐ No ☐ Yes

How old are you? _____

Are you disabled? ☐ No ☐ Yes

If yes what is your disability?

☐ Physical/medical
☐ HIV/AIDS
☐ Developmental

☐ Mental health
☐ Substance abuse
☐ Other

Are you currently homeless? ☐ No ☐ Yes

If homeless, check your reason(s) why: (Check all that apply)

☐ Domestic violence
☐ Family break-up
☐ Fire/other disaster destroyed my home
☐ Unable to pay rent
☐ Evicted due to non-payment of rent
☐ Evicted for other reason
☐ Discharged from an institution (please describe): _____

☐ Other reason (please explain): _____

Could not maintain income or stay housed due to:

☐ Job lost
☐ Mental illness
☐ Medical problems or medical costs
☐ Alcohol or other drug use
☐ Money management problems
☐ Temporary living situation ended (please explain) _____

Discrimination as a result of:

☐ Race/Ethnicity/Nationality
☐ Family size
☐ HIV status

In what city did you most recently become homeless? _____

How long had you lived there? _____

How long have you been homeless? _____

How many times have you been homeless in the past 5 years? _____

What would have prevented you from becoming homeless? _____

Are you homeless with a spouse or life partner? ☐ No ☐ Yes

Do you have any dependent children living with you? ☐ No ☐ Yes

If Yes,

Number of Children needing services _____ Ages of Children _____

Number of Children elsewhere _____ Ages of Children _____

Over the last 6 years in what city/cities have you lived? _____

How big an apartment/house do you need?

☐ Studio, ☐ 1 bdrm, ☐ 2 bdrm,

☐ 3 bdrm, ☐ 4+ bdrm

What city or neighborhood do you want to live in? (list three choices)

1) _____

2) _____

3) _____

What have your source(s) of income been in the last 6 months (Check all that apply):

☐ Employment ☐ full time ☐ part time ☐ day laborer

☐ AFDC/TANF

☐ General Assistance (GA)

☐ Unemployment Compensation / SDI

☐ Vocational Programs

☐ Social Security

☐ Food Stamps

☐ Relatives/partner/friends

☐ Panhandling/Vouchers

☐ Other sources of income (please describe): _____

If unemployed, are you seeking work? ☐ No ☐ Yes

If Yes ,how long have you been homeless? _____

In the last month, what services have you used (check as many as apply)? If you are on the waiting list for any of these services, please check under "waiting list."

	Received	Waiting List	Describe
Food/ Hot Meals			
Health Care			
Job Help			
Showers			
Drop-in Center			
Alcohol/Drug			
Rehab			
Section 8			
Permanent Housing			
Shelter			
Domestic Violence			
Services			
Storage			
Transitional Housing			
Respite Care			
Bus Ticket			
Shelter Plus Care			
Rental Assistance			
Medication			
Counseling			

If relevant, in what cities do you use services the most?

- (1) _____
 (2) _____
 (3) _____

In the last month, how did you mostly get around? (check two answers only)

- ☐ Walked ☐ Wheelchair or other mobility device
☐ Bus ☐ Bus Tickets
☐ Taxi scrip ☐ Bicycle
☐ Received rides from friend or family
☐ Own vehicle

How did you pay for the fare on your last ride on Public Transit?

- ☐ Cash
☐ Scrip
☐ Bus Tickets

What services do you need that you are currently **not** getting?
